

**STATE OF NEBRASKA**

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
REGULATION AND LICENSURE - Credentialing Division  
P.O. Box 94986, Lincoln, Nebraska 68509-4986  
402-471-2117

## Massage Therapy APPLICATION FOR REVIEW OF A CONTINUING EDUCATION PROGRAM

**SECTION A – Applicant's Name and Address (Please print your name and full address)**

First:	Middle:	Last:
Address:		
City:	State:	Zip

**Use this application for  
programs offered AFTER  
November 1, 2005**

Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

**SECTION B – Sponsor/Provider Information**

1	Name of Sponsor/Provider:	Name:		
2	Address:	Street/PO/Route:		
		City:	State:	Zip:

**SECTION C – Program Information**

1	Name of Program:			
2	Objective:  Describe how this program is related to the theory or clinical application of theory as it pertains to the practice of massage therapy.			
3	Type of Program (Please check the applicable program) <input type="checkbox"/> Academic Credit: 1 semester hour = 15 Continuing Education Hours / 1 quarter hour = 10 Continuing Education Hours <input type="checkbox"/> Workshop, clinic, lecture, forum, seminar, etc: (60 minutes = 1 Continuing Education Hour)			
4	Number of Clock Hours Requested for Approval (does <b>NOT</b> include time for breaks and meals):			
5	Location of Program:			
6	Date(s) of Program:			
7	Is this program open to all massage therapists?	<b>Answer Yes or No</b>		
8	Is this program HANDS-ON and includes Practice Time? (additional information regarding hands-on is located on page 5 of this application)	<b>Answer Yes or No</b>		

**NOTE:** This application may take 45 days to review from the date of receipt of this application. In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.

<b>BOARD DECISION and DISCLAIMER:</b> The Nebraska Board of Massage Therapy is not making judgement nor does it endorse the effectiveness or potential risks of approved programs.	
<input type="checkbox"/> Approved _____ hours credit <input type="checkbox"/> Hands On	
<input type="checkbox"/> Denied, Reason: _____	
_____ (Signature of Reviewer)	_____ (Date)

**SECTION D - Program Agenda**

A copy of the program **agenda must be attached** to this request that includes the following information:

- Name of program
- Number of hours requested
- Start and end times of each subject
- Start and end time of all breaks and lunch/dinner
- Date(s) of program

**SECTION E - Method of Program Attendance Verification**

**Attach** a sample copy of the documentation the provider issues to licensees as **proof of attendance** at the program (please identify this attachment as 'Attachment E'). This must include: participant name, name of provider and provider's signature, name of program, date of program, hours earned by participant, and location of program.

**SECTION F - Program Monitoring: Indicate the method for monitoring and verifying attendance**

- ☐ Sign-in/out sheet  
☐ Monitor at the door  
☐ Other, Explain: \_\_\_\_\_

**SECTION G – Presenter/Instructor Information**

**Presenter/Instructor #1:** (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:		
<b>EDUCATION</b>	Total Hours:	
Name of Educational Institutions:		
<b>EXPERIENCE</b>	Total Hours:	
Type and Nature of Experience:		
<b>TRAINING</b>	Total Hours:	
Name of Training Entities:		

**Additional presenter/instructor space continued on next page**

**Presenter/Instructor #2:** (List below name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:			
<b>EDUCATION</b>	Total Hours:		
Name of Educational Institutions:			
<b>EXPERIENCE</b>	Total Hours:		
Type and Nature of Experience:			
<b>TRAINING</b>	Total Hours:		
Name of Training Entities:			

**Presenter/Instructor #3:** (List below your name, education, experience and/or training **relating to this C.E. presentation**)

First/Middle/Last Name:			
<b>EDUCATION</b>	Total Hours:		
Name of Educational Institutions:			
<b>EXPERIENCE</b>	Total Hours:		
Type and Nature of Experience:			
<b>TRAINING</b>	Total Hours:		
Name of Training Entities:			

## Massage Therapy Continuing Education – Objectives

Title of Program: \_\_\_\_\_

Name of Sponsor: \_\_\_\_\_

Learner Objectives: Describe the expected learner outcomes per topic.	CE Hours per Topic: Identify the hours offered for each learner objective.	Subject Matter: Outline the subject matter that corresponds to the objective. Content should be current, accurate, and in logical order.	Teaching Method: List methodologies, learning objectives, and references or bibliographies.

24 hours of continuing competency is required each renewal.

A licensee must complete **at least 14 hours** of approved HANDS-ON continuing education workshops each renewal period: 1 hour of attendance = 1 credit. These hours must meet the following:

1. The content of the workshop(s) must be HANDS-ON which is the physical, mechanical, or electrical manipulation of soft tissue for the therapeutic purposes of enhancing muscle relaxation, reducing stress, improving circulation, or instilling a greater sense of well-being and may include the use of oil, salt glows, heat lamps, and hydrotherapy; and
2. The agenda must reflect a set period of time for class participation (hands-on practice).

A licensee may earn the remaining credits in one or a combination of the following continuing competency activities:

1. National Examination. 10 credits will be granted for licensees who successfully pass the examination;
2. Publication. The article must be published in a professional health related journal; a newsletter article or letter to the editor does not meet this requirement. 10 credits will be granted;
3. Jurisprudence Examination on State Laws (50 question take home test). 3 credits will be granted for licensees who receive a score of 75% or above;
4. Instructor at a Massage Therapy School. 1.5 credits will be granted for each hour of teaching up to a maximum of 10 hours;
5. Written Paper on massage practice. 7 credits will be granted;
6. Practical Examination (must be administered by a Nebraska License Massage Therapy School). 3 credits will be granted;
7. Massage School Training / College or University Coursework. 1 hour of training = 1 credit; 1 semester college credit hour = 15 credits; 1 quarter credit = 10 credits. A licensee may earn up to 10 credits;
8. Workshops and Lectures (Continuing Education Programs). 1 credit will be granted for each 60 minutes of participation up to a maximum of 10 credits; and
9. Homestudy Programs. Up to a maximum of 10 credits will be granted. Only the following topic areas are acceptable for homestudy credit:
  - Equipment and sanitation,
  - Infectious and contagious disease control,
  - Anatomy,
  - Physiology,
  - Business,
  - Pathology,
  - Hygiene, or
  - Stress Management.

Acceptable Topic Areas. The following are the acceptable topic areas for continuing competency (this does not apply to the mandatory 14 hours of continuing education earned through hands-on workshops or to homestudy):

1. Anatomy – which may include but is not limited to structure of the human body, study of cells, tissues, bones, muscles, organ systems, histology, embryology, kinesiology, etc.;
2. Business – which may include but is not limited to professional ethics, Nebraska Massage Therapy statutes and regulations, business practices, financial management, insurance reimbursement, health histories, etc.;
3. Hydrotherapy – which may include but is not limited to history, benefits of water treatment, cryotherapy, body wraps, salt glows, body shampoos, hot packs, steam cabinets, dry brushing, therapeutic modalities, methods of cold application, heat therapy, contrast baths, skin contra-irritants, spas, etc.;
4. Hygiene - which may include but is not limited to equipment and sanitation, infectious and contagious disease control, etc.;
5. Massage - which may include but is not limited to history of massage, benefits of massage, physiology of massage, equipment and procedures, psychology of massage, interpersonal client contact, relaxation and visualization, proper draping techniques, general guidelines for massage, principles of body massage, reflexology, deep tissue massage, Swedish massage, sports massage, pregnancy & infant massage, etc.;
6. Pathology - which may include but is not limited to definition of pathology and disease, pharmacology, pathology of body systems, disease entities including cause and effect, blood pressure, pulse monitoring;
7. Physiology - which may include but is not limited to endocrinology, biochemistry, interaction of hormones to the body's balance and metabolism, function of human body, and organ systems, physiology & psychology of exercise, etc.; and
8. Other Topic Areas covered on the NCBTMB examination, such as but not limited to: western, non-western, energy work, chinese medicine, holistic principles, stress management, CPR, first aid, and acupressure therapy.

Board Attendance. The Massage Therapy Board reserves the right to attend any workshop for assuring compliance with the regulations.

Advertisement of Approvals. After the Board has granted its written approval of the application, the program sponsor must publish on all program advertisements the following statement: The Nebraska Board is not making judgement nor does it endorse the effectiveness or potential risks of approved programs and is entitled to state upon any publication which advertises or announces the program, the following statement: "This program is approved for \_\_\_\_ hours of continuing competency by the Nebraska Board of Massage Therapy."

In accordance with the division's records retention schedule, continuing education application materials will be disposed of after 30 days of the date of the approval letter.